

# XVIIIth Conference on the Dynamics of Molecular Collisions

## REGISTRATION FORM

*Note: It is **also** necessary to register for lodging and meals with Copper Mountain Resort and Conference Center, Telephone 1-800-458-8386.*

Name \_\_\_\_\_  
Last First MI Title (Prof., Dr., ...)

Affiliation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Number of Accompanying Persons \_\_\_\_\_

Name(s) of Accompanying Person(s) [for name tag & meals] \_\_\_\_\_

Type of Accommodations Requested [N.B.-Room charge is **in addition** to the \$347.50 meal plan]: (circle one):

Single Room [\$103.00/night] Double Room [\$51.50/pers/night] Two-Bdrm Suite [\$51.75/pers/night]

If you are requesting a DOUBLE ROOM and are NOT bringing an accompanying person, do you wish to share a room with a specific attendee? (circle one): YES NO

If YES, please specify the person \_\_\_\_\_

If NO, please supply the following information: Sex: (circle one) MALE FEMALE

Age Range [optional]: (circle one) UNDER 30 31-40 41-50 51-60 61-70 OVER 70

Are you a smoker: (circle one) YES NO

Are you a GRADUATE STUDENT or POSTDOC requesting financial assistance? (circle one): YES NO

Your REGISTRATION FEE [\$100 on before April 16, 2001, \$150 thereafter]: (circle one) \$100 \$150

How do you wish to pay your registration fee? (circle one) CHECK CREDIT CARD

If CHECK, make payable to **BSA FOR DMC** and send with this form to:

**DYNAMICS OF MOLECULAR COLLISIONS CONFERENCE**  
**ATTN: JAMES T. MUCKERMAN**  
**CHEMISTRY DEPARTMENT, BLDG. 555A**  
**BROOKHAVEN NATIONAL LABORATORY**  
**UPTON, NY 11973-5000 USA**

If CREDIT CARD, please specify type of card [only options]: (circle one) VISA MasterCard AmEx

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expires \_\_\_\_\_

and mail this form to the address above.